Commentary

Shuffling Off This Mortal Coil

A Shakespearean Perspective on Death and Dying

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Death remains life's greatest mystery, and our efforts to understand it may be a defining quality of humanity. Surprisingly, this ubiquitous experience has been largely underresearched. A Medline subject search of the core clinical literature (*Abridged Index Medicus*) identifies only 138 articles (mostly essays and editorials) published from January 1995 to November 1998 on attitudes toward death and only 4 articles on thanatology (the study of the theory, doctrine, and philosophy of death). In contrast, a similar search reveals more than 3,900 articles concerning the polymerase chain reaction, an esoteric laboratory technique.

Although this is admittedly a somewhat stilted comparison, perhaps this relative paucity of information stems from an avoidance of death in the traditional medical model, whose currency is the prolongation of life. Certainly, "[w]hat is not acknowledged can hardly be dealt with successfully."[1(p1232)] In our culture, death is not accepted as a natural part of life, but is "the enemy, to be battled up to the last minute,"[2(p234)] and this mentality is reflected by trends in medical research and education. Several recent articles address the pragmatic elements of care for the dying,[1,3] while fewer discuss the emotional and compassionate aspects of decision-making and care in the late twilight of life.[4,5] This lack is unfortunate, as physicians often play unique roles at the interface between life and death and should be comfortable discussing death with patients and their families.

Although underappreciated in medical journals, the topic of death is addressed abundantly in classical literature, which offers a special approach to grasping life's final voyage. If art indeed imitates nature, then the writings of William Shakespeare (1564–1616), which express ideas of lasting interest, may be archetypal for the human experience. This essay explores Shakespeare's work to help clinicians consider anew our interactions with patients and their mortality, with the goals of heightening compassion and enhancing the quality of care.

I have previously presented a discussion of Kübler-Ross's five stages of dying (denial, anger, bargaining, depression, and acceptance) in the works of Shakespeare.[6] Shakespearean study suggests additional themes concerning our reactions to death: fear, uncertainty, powerlessness, regret, loneliness, and concern for the loss of dignity and autonomy. Suicide, "appropriate" death, and bereavement are also discussed.

Fear

Distressing factors during endstage illness can be both physical and physiological (fear of pain, suffering, and disfigurement) as well as psychosocial (fear of dependency, abandonment, isolation, and loss of control). Understanding these fears may allow us to offer assistance and reassurance and to reaffirm our involvement with the patient throughout the course of illness.[7]

Fear of death is a powerful Shakespearean theme. "The sense of death is most in apprehension, / And the poor beetle, that we tread upon, / In corporeal sufferance finds a pang as great / As when a giant dies.... The weariest and most loathed worldly life, / That age, ache, penury, and imprisonment / Can lay on nature, is a paradise / To what we fear of death" (*Measure for Measure* III:i, 76–79, 126–129).

Fear of the unknown contributes to Hamlet's hesitation to avenge his father's murder at the hands of his uncle, Claudius. Although Hamlet vows to sweep to his revenge "with wings as swift / As meditation, or the thoughts of love" (*Hamlet, Prince of Denmark* I:v, 29–30), he becomes grounded in melancholy pessimism and self-recrimination. In the soliloquy below, a fear of the unknown dissuades him from taking his own life.

> To be, or not to be, that is the question:—
> Whether 't is nobler in the mind, to suffer
> The slings and arrows of outrageous fortune;
> Or to take arms against a sea of troubles,
> And by opposing end them?—To die—to sleep,
> No more;—and, by a sleep, to say we end

(Walling HW. Shuffling off this mortal coil—a Shakespearean perspective on death and dying. West J Med 1998; 169:390–395)

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The heart-ache, and the thousand natural shocks
That flesh is heir to,—'t is a consummation
Devoutly to be wish'd. To die,—to sleep:—
To sleep! perchance to dream:—ay, there's the rub,
For in that sleep of death what dreams may come,
When we have shuffled off this mortal coil,
Must give us pause. There's the respect,
That makes calamity of so long life:
For who would bear the whips and scorns of time,
The oppressor's wrong, the proud man's contumely,
The pangs of despis'd love, the law's delay,
The insolence of office, and the spurns
That patient merit of the unworthy takes,
When he himself might his quietus make
With a bare bodkin? who would these fardels bear,
To grunt and sweat under a weary life,
But that the dread of something after death,—
The undiscover'd country, from whose bourn
No traveller returns,—puzzles the will,
And makes us rather bear those ills we have
Than fly to others that we know not of?
(*Hamlet* III:i, 56–82)

For Hamlet, the fear of a formless unknown is a sufficient inducement to endure the (surprisingly modern) burdens of life. Milton expands on this theme: "To be no more; sad cure; for who would lose, / Though full of pain, this intellectual being, / Those thoughts that wander through Eternity, / To perish rather, swallow'd up and lost / In the wide womb of uncreated night, / Devoid of sense and motion?"[8]

Other characters connect specific images with their fear of death. Richard III declares in recalling a horrific dream, "What sights of ugly death within mine eyes! / Methought I saw a thousand fearful wracks; / A thousand men that fishes gnaw'd upon; / ...Unto the kingdom of perpetual night" (*Richard III* I:iv, 21–25, 47). The association of death with terrestrial imagery again suggests an inability to grasp the infinite.

Uncertainty

Some individuals acknowledge an uncertainty for what befalls the soul after death without expressing fearfulness. When Brutus declares "O, that a man might know / The end of this day's business, ere it come!" (*Julius Caesar* V:i, 123–124), the reader appreciates a sense of curiosity rather than apprehension. The following example is more pensive and also echoes Hamlet.

Ay, but to die, and go we know not where;
To lie in cold obstruction and to rot;
This sensible warm motion to become
A kneaded clod; and the delighted spirit
To bathe in fiery floods, or to reside
In thrilling regions of thick-ribbed ice;
To be imprison'd in the viewless winds,
And blown with restless violence round about
The pendant world;
(*Measure for Measure* III:i, 115–123)

Othello approaches this theme from yet another angle as he contemplates action against his wife, Desdemona, whom he mistakenly suspects (through the duplicity of his ensign Iago) of infidelity:

Yet she must die,...
...but once put out thy light,
Thou cunning'st pattern of excelling nature,
I know not where is that Promethean heat
That can thy light relume. When I have pluck'd thy rose,
I cannot give it vital growth again,
It needs must wither:
(*Othello* V:ii, 6, 10–15)

Othello's thoughts center on the permanence of death and the attendant loss of life's dynamic beauty. Although awed by the life force, he expresses no obligation to protect it. Discovering Iago's deception too late, "perplex'd in the extreme," Othello "lov'd not wisely, but too well" (V:ii 348, 346).

Powerlessness

Death's inevitability may engender feelings of powerlessness; alternatively, it may offer a sense of peace through resignation. A popular notion in Shakespeare's age (and even today) is that lives were predestined and controlled by arbitrary higher powers, that "the stars above us, govern our conditions" (*King Lear* IV:iii 33). For example, Romeo portends with deterministic calm that he will die in a fashion beyond his control.

I fear, too early; for my mind misgives,
Some consequence, yet hanging in the stars,
Shall bitterly begin his fearful date
With this night's revels; and expire the term
Of a despised life, clos'd in my breast,
By some vile forfeit of untimely death:
But He, that hath the steerage of my course,
Direct my sail.
(*Romeo and Juliet* I:iv, 106–113)

Some may take comfort that death is a part of the cycle of life. Juliet's father offers the fatalistic teleology that "we were born to die" (*Romeo and Juliet* III:iv, 4). For Caesar, death's inescapability is a manifest argument for bravery.

Cowards die many times before their deaths;
The valiant never taste of death but once.
Of all the wonders that I yet have heard,
It seems to me most strange that men should fear;
Seeing that death, a necessary end,
Will come, when it will come.
(*Julius Caesar* II:ii, 32–37)

Hamlet, however, finds little consolation that "'t is common; all that lives must die, / Passing through nature to eternity" (*Hamlet* I:ii, 72–73). Richard II bemoans, "Cry woe, destruction, ruin, decay: / The worst is death, and

death will have his day" (*Richard II* III:ii, 102–103). His awareness of death's necessity does not instill acceptance.

Cultures in the past and present alike have turned to religion to reconcile the uncertainty and powerlessness which envelop death. Indeed, the nature of one's beliefs (secular or theological) helps to determine whether death is perceived as a final end or a new beginning. Ideally, a "synergism of religion and medicine," forged by an open attitude toward others' views, will ease the process.[2(p235)]

Regret

"O, our lives' sweetness! / That we the pain of death would hourly die, / Rather than die at once!" (*King Lear* V:iii, 185–187). Life's succulent beauty, not death's fearsome repugnance, sings in these words. Disappointment is a natural reaction to the untimely forfeiture of the gift of life. When one's behavior (for example, smoking and lung cancer) leads to illness, a person may regret his actions. Moreover, one might regret abandoning unrealized goals or unresolved relationships. Most of us hope to leave a lasting legacy through our efforts, but the acknowledgment of a foreshortened future may make our achievements seem dwarfed by our intentions.

After Laertes treacherously stabs Hamlet with an envenomed fencing foil, he reveals before his own death, "Hamlet, thou art slain; / No medicine in the world can do thee good; / In thee there is not half an hour of life" (*Hamlet* V:ii, 321–323). Hamlet is finally spurred toward his revenge by the knowledge of his imminent demise. Though long preoccupied with thoughts of death, in the end Hamlet longs for life.

> I am dead, Horatio....
> Had I but time, (as this fell sergeant, death,
> Is strict in his arrest,) O! I could tell you,—
> But let it be....
> ...what a wounded name,
> Things standing thus unknown, shall live behind me!
> If thou didst ever hold me in thy heart,
> Absent thee from felicity awhile,
> And in this harsh world draw thy breath in pain,
> To tell my story....
> ...The rest is silence.
> (*Hamlet* V:ii, 341, 344–346, 352–357, 366)

Loneliness

Feelings of isolation and emptiness are common as death nears. The dying individual may feel misunderstood, excluded, or afraid of dying alone. Loneliness may result from fewer visits from family and friends, imparting a feeling of incarceration: "I have been studying how I may compare / This prison, where I live, unto the world: / And for because the world is populous, / And here is not a creature but myself, / I cannot do it" (*Richard II* V:v, 1–5). The end of another's life may remind us of our own mortality, as Juliet's death did Lady Capulet: "O me! this sight of death is as a bell, / That warns my old age to a sepulchre" (*Romeo and Juliet* V:iii, 206–207).

King Lear, accustomed to a majestic entourage (but now in retirement and expecting his daughters' charity), deplores his loneliness. "No seconds? All myself? / Why, this would make a man a man of salt, / To use his eyes for garden water-pots, / Ay, and laying autumn's dust.... / I will die bravely, like a smug bridegroom" (*King Lear* IV:vi, 194–198). Later, briefly reunited with his loyal daughter Cordelia, he imagines a paradise of parental love:

> Come, let's away to prison;
> We two alone will sing like birds i' the cage:
> When thou dost ask me blessing, I'll kneel down,
> And ask of thee forgiveness. So we'll live,
> And pray, and sing, and tell old tales, and laugh
> At gilded butterflies, and hear poor rogues
> Talk of court news;...
> And take upon's the mystery of things,
> As if we were God's spies:
> (*King Lear* V:iii, 8–14, 16, 17)

In his last moments of life, Lear forsakes his pride and finds redemption through his daughter.

Physicians may unintentionally contribute to the loneliness and frustration of dying patients, in that "[m]anaging the end of human life requires many skills that are commonly scattered between different specialties."[9(p1777)] This may lead patients to view their care as fragmented and impersonal. Indeed, "feelings of discomfort may lead physicians [to] create a safe emotional distance from their patients."[10(p236)] While some solitude may be desired, a physician's support can help patients feel connected rather than abandoned.

Loss of Autonomy and Dignity

In a society that values self-determination, many individuals fear that the circumstances of dying will strip them of their personhood and sense of control. Juliet's pledge of loyalty eases her mind, because "[i]f all else fail, myself have power to die" (*Romeo and Juliet* III:v, 242). Such desperate solutions may be avoided by involving patients in their care. Indeed, "[a]utonomy in patients' decision making is now the irresistible trend, [though m]any doctors fear this challenge to their own previous secure and powerful autonomy."[9(p1777)] Do not resuscitate (DNR) orders, living wills, and advance directives can temper the "frenetic medical tour de force" of cardiopulmonary resusciation.[11(p1627)] When properly used, such documents can be powerful tools for honoring the wishes of our patients.[4] However, a recent study found that half of physicians did not know about or respect their patients' advance directives.[12]

Some may worry that dehumanizing medical technology will detract from their dignity.[13] In Shakespeare's time, dignity was strongly associated with soundness of mind and strength of youth, which can be compromised by age and approaching death:

> It is too late: the life of all his blood
> Is touch'd corruptibly; and his pure brain

(Which some suppose the soul's frail dwelling-house)
Doth, by the idle comments that it makes,
Foretell the ending of mortality....
O vanity of sickness!...
Death, having prey'd upon the outward parts,
Leaves them, invisible; and his siege is now
Against the mind
(*King John* V:vii, 1–5, 13, 15–17)

Similarly, the dying Lear says, "I fear, I am not in my perfect mind" (*King Lear* IV:vii, 63). These sentiments are also reflected in a poem describing the roles we play on the stage of life: "Last scene of all, / that ends this strange eventful history / Is second childishness, and mere oblivion: / Sans teeth, sans eyes, sans taste, sans everything" (*As You Like It* II:vii, 163–166).

Suicide

Suicide is a common topic on Shakespeare's stage. Some tragic protagonists (Lear, Hamlet, Macbeth) willingly set foot on the path that predictably leads to their demise. Others are the actual instruments of their deaths. Romeo and Othello commit suicide in the heat of emotion, with little forethought. In contrast, characters who contemplate suicide over time are depicted as emotionally imbalanced. Hamlet is preoccupied with suicidal ideation, as evidenced by the soliloquies above and his half-comic exchange with Polonius:

Polonius: My honorable lord, I will most humbly take my leave of you.
Hamlet: You cannot, sir, take from me anything that I will more willingly part withal; except my life, except my life, except my life.
(*Hamlet* II:ii, 213–15)

Hamlet's Ophelia drowns herself, mad with grief over the accidental death of her father. Lear's ally Gloucester, blinded by his enemies, attempts to end his own life; he feels that his suicide attempt is morally wrong but rationalizes it by his desolate state:

O you mighty gods!
This world I do renounce, and in your sights
Shake patiently my great affliction off;
If I could bear it longer, and not fall
To quarrel with your great opposeless wills,
My snuff, and loathed part of nature, should
Burn itself out.
(*King Lear* IV:vi, 34–39)

Gloucester's suicide attempt goes awry, and he attributes his survival to divine intervention. Spirits bolstered, he states "...henceforth I'll bear / Affliction till, it do cry out itself / 'Enough, enough,' and die.... You ever-gentle gods, take my breath from me: / Let not my worser spirit tempt me again / To die before you please!" (*King Lear* IV:vi, 75–77, 216–218). A dramatic parallel to Lear, this wretched character is redeemed as he comes to understand the sanctity and stewardship of life.

In the face of issues such as physician-assisted suicide, we continue to reevaluate the role of physicians in caring for patients at the end of life.[14,15] Indeed, this debate may be fueled by a lack of public confidence in the medical profession to deliver palliative care. In a recent survey, about a third of responding physicians expressed a willingness to help end a patient's life by providing or administering drugs; 18% had received requests for assisted suicide and 6% had acceded.[16] Our common sense should be at least as valuable a guide as the legal system, lest we become relegated to a role analogous to Romeo's wretched apothecary. Building on the play's themes of haste and rash impetuousness, his "poverty, but not [his] will, consents" to sell Romeo "a dram of poison;... As will disperse itself through all the veins, / That the life-weary taker may fall dead; / And that the trunk may be discharg'd of breath / As violently, as hasty powder fir'd / Doth hurry from the fatal cannon's womb" (*Romeo and Juliet* V:i, 75, 60–65). Compassionate and appropriate care can prevail when we understand and honor our patients' values.

Appropriate Death

The concept of an appropriate death consists of care, communication, composure, continuity, control, and closure.[17] A dignified death, characterized by a minimum of suffering and conflict, should be the goal when treatment becomes ineffective or overly burdensome. Ideally, the dying patient will indicate that his care has been suitable and that he expects and accepts death.[18]

King Lear depicts a Shakespearean precedent of appropriate death. Gloucester, thwarted in his suicide attempt, cries, "[i]s wretchedness depriv'd that benefit, / To end itself by death? 'T was yet some comfort, / When misery could beguile the tyrant's rage, / And frustrate his proud will" (*King Lear* IV:vi, 61–64). Lear, upon awakening from a long swoon, says

You do me wrong to take me out o' the grave.—
Thou art a soul in bliss; but I am bound
Upon a wheel of fire, that mine own tears
Do scald like molten lead....
I am mightily abus'd.—I should even die with pity,
To see another thus.—I know not what to say.
(*King Lear* IV:vii, 45–48, 53–54)

After Lear's death, his allies are admonished against attempting to revive him. "Vex not his ghost: O, let him pass! he hates him / That would upon the rack of this tough world / Stretch him out longer.... The wonder is, he hath endur'd so long: / He but usurp'd his life" (*King Lear* V:iii, 314–318). The same sentiment might apply when physicians' goals supersede those of their patients, for example by heroically restoring normal sinus rhythm to a 90-year-old with a painful terminal disease.

Perhaps in some circumstances, we should "go gently into that good night."[19] "Just death, kind umpire of men's miseries" (*King Henry* VI, Part One II:v, 29), can represent a welcomed end to suffering or to the futility of a vegetative existence. Physicians have the opportunity to let their patients die "in a manner consonant with [their own] values and coping mechanisms."[10] In many cases, home care or hospice (which center on comfort, counseling, and family support) would be the best option, and timely discussions and referrals by physicians are essential.[20]

Bereavement

Bereavement, the objective state of one who has lost a significant person to death, is a time of physical and mental vulnerability,[21] when physicians shift their focus toward the family. Two aspects of bereavement, grief and memorialization, are discussed below.

Grief

Embodied in physical and emotional symptoms,[7] grief is a natural and necessary part of bereavement. Indeed, "[t]o weep is to make less the depth of grief" (*King Henry* VI, Part Three II:i, 85). Three stages of grief have been described: shock and disbelief, longing for and preoccupation with the deceased, and finally a resolution and resumption of one's life.[22]

Emotional shock may be precipitated by the realization that the deceased will no longer be present to do those things that defined his or her character. "Dost thou lie so low? / Are all thy conquests, glories, triumphs, spoils, / Shrunk to this little measure?" (*Julius Caesar* III:i, 148–150). Accordingly, survivors must adjust to the deceased's absence. This sentiment is famously eulogized by Hamlet as he holds a jester's skull in the graveyard.

> Alas, poor Yorick!—I knew him, Horatio: a fellow of infinite jest, of most excellent fancy: he hath borne me on his back a thousand times; and now, how abhorred my imagination is! my gorge rises at it. Here hung those lips, that I have kissed I know not how oft. Where be your gibes now? your gambols? your songs? your flashes of merriment, that were wont to set the table on a roar?
>
> (*Hamlet* V:i, 191–197)

Some of Shakespeare's great heroes are motivated to action after a dramatic pause of mourning. In the following excerpt, Hamlet is chided by his uncle (and now stepfather).

> 'T is sweet and commendable in your nature, Hamlet,
> To give these mourning duties to your father:
> But, you must know, your father lost a father;
> That father lost, lost his; and the survivor bound
> In filial obligation, for some term,
> To do obsequious sorrow: but to persever
> In obstinate condolement, is a course
> Of impious stubbornness; 't is unmanly grief;
>
> (*Hamlet* I:ii, 87–94)

An appeal to uphold a masculine stoicism is reiterated to the disconsolate Romeo, who is reprimanded that his "tears are womanish" (*Romeo and Juliet* III:iii, 110). Juliet is scolded for mourning her cousin Tybalt: "What! wilt thou wash him from his grave with tears? / An if thou couldst, thou couldst not make him live: / Therefore, have done. Some grief shows much of love; / But much of grief shows still some want of wit" (*Romeo and Juliet* III:v, 69–74).

In his own voice, Shakespeare repudiates prolonged grief. "No longer mourn for me when I am dead, / Than you shall hear the surly sullen bell / Give warning to the world that I am fled / From this vile world, with vilest worms to dwell" (Sonnet 71). The passage serves as a reminder that a dying person may feel anxiety and guilt as the source of loved ones' anticipatory sorrow.

Of course, it is important to "[g]ive sorrow words; [for] the grief, that does not speak, / Whispers the o'er-fraught heart, and bids it break" (*Macbeth* IV:iii, 210–211). Physicians can help by "combining scientific information with a warm and caring approach",[7(p266)] and by drawing on the expertise of nurses and other staff. While reassuring families that grief is a normal experience, signs of abnormal grief (such as decreased self-esteem, suicidal thoughts, and functional impairment) merit attention.[7]

In time, grief must end, as "[w]hat's gone and what's past help, / Should be past grief" (*The Winter's Tale* III:ii, 222–223). Successful resolution of grief can bring closure and restore a sense of freedom to survivors.[7] In resuming one's normal life, emotional energy must be withdrawn from the deceased and reinvested in other relationships and activities.[22]

Memorialization

As a final stage of bereavement, an eduring mental representation of the deceased is shaped by drawing upon past experiences.[22] For example, Hamlet vows to "wipe away all trivial fond records" from the table of his memory to honor his father (*Hamlet* I:v, 98–99). In addition to preserving cherished attributes, memorialization can ease the task of detachment.

Juliet prophetically offers the image by which she would remember her paramour. "Give me my Romeo: and, when he shall die, / Take him and cut him out in little stars, / And he will make the face of heaven so fine, / That all the world will be in love with night / And pay no worship to the garish sun" (*Romeo and Juliet* III:ii, 21–25). Ariel's song describes another memorialization. "Full fathom five thy father lies; / Of his bones are coral made; / Those are pearls that were his eyes; / Nothing of him that doth fade, / But doth suffer a sea-change / Into something rich and strange" (*The Tempest* I:ii, 398–403). Each passage involves a transformation into something less ephemeral than the human form.

Romeo also offers a memorialization when, mistaking Juliet's unconsciousness for death, he wishes her form to be forever preserved as a paragon of beauty.

> Death, that hath suck'd the honey of thy breath
> Hath had no power yet upon thy beauty:

Thou art not conquer'd; beauty's ensign yet
Is crimson in thy lips, and in thy cheeks,
And death's pale flag is not advanced there....
Why art thou yet so fair? Shall I believe
That unsubstantial death is amorous;
And that the lean abhorred monster keeps
Thee here in dark to be his paramour?
(*Romeo and Juliet* V iii, 92–96, 102–105)

Conclusion

In this essay, I have endeavored to find common ground between the worlds of Shakespeare and clinical medicine to offer practitioners a fresh perspective. Interested readers are encouraged to refer to Shakespeare's plays to restore his thoughts to their original context. Understanding and responding to the emotional state of dying patients is important because psychosocial factors can influence the prognosis and especially the quality of life.[23] Therefore, "open communication, an empathetic spirit, and a desire to be helpful"[2(p235)] are appropriate goals as we work with patients and families. At the same time, it is well to remember that the healing power of medicine must ultimately succumb to mortality and that dying patients need our honesty and respect at least as much as impersonal technological interposition.

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ERRATUM

In the May 1998 issue, the title page for the "Final Report of the Commission on the Future of Medical Education"[1] was omitted from the final publication. The names of the authors of the report, Charles B. Wilson, MD, MSHA, Senior Associate to the President, and Arlyss L. Anderson, RN, MS, PNP, University of California, San Francisco, should have been included.

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1. Wilson CB, Anderson AL. Final Report of the UC Commission on the Future of Medical Education. West J Med 1998 May; 168:445–482